



Check every concern that you addressed this past month. Indicate a "0" next to the check if there are problems remaining for any issue. For any topic identified with an asterisk, (\*) report the incident to the regional ombudsman IMMEDIATELY.

I. PHYSICAL APPEARANCE

\_\_\_\_\_ hygiene/grooming \_\_\_\_\_ clothing/laundry \_\_\_\_\_ appliances/aids/equipment  
\_\_\_\_\_ body odors \_\_\_\_\_ discomfort/pain\* \_\_\_\_\_ marks, bruises, bandages\*  
\_\_\_\_\_ falls, injuries\* \_\_\_\_\_ toileting/incontinence\* \_\_\_\_\_ restraints\*  
Other: (specify) \_\_\_\_\_

II. CARE/TREATMENT\*

*Any concerns voiced by a resident or family member regarding these problems, such as medications, therapy, bed/pressure sores, etc. should be referred immediately to the Regional Ombudsman.*

III. RESIDENT ROOMS

\_\_\_\_\_ clean/safe\* \_\_\_\_\_ personalized/decorated \_\_\_\_\_ climate\* \_\_\_\_\_ spacious  
\_\_\_\_\_ call light \_\_\_\_\_ furnishings/equipment \_\_\_\_\_ accessibility \_\_\_\_\_ closet  
\_\_\_\_\_ bathrooms \_\_\_\_\_ roommate\*  
Other: (specify) \_\_\_\_\_

IV. PRIVACY/RESPECT/STAFF INTERACTIONS

\_\_\_\_\_ knock on doors \_\_\_\_\_ close doors/pull curtains \_\_\_\_\_ staff interaction/residents  
\_\_\_\_\_ staff ID \_\_\_\_\_ staff responsiveness \_\_\_\_\_ confidentiality \_\_\_\_\_ abuse\*  
Other: (specify) \_\_\_\_\_

V. FOOD

\_\_\_\_\_ meal quality \_\_\_\_\_ food temp \_\_\_\_\_ menu posted \_\_\_\_\_ meal timeliness  
\_\_\_\_\_ food choices \_\_\_\_\_ snacks available \_\_\_\_\_ hunger/thirst\* \_\_\_\_\_ meal setting  
Other: (specify) \_\_\_\_\_

VI. FACILITY

\_\_\_\_\_ hazards\* \_\_\_\_\_ clutter \_\_\_\_\_ clean \_\_\_\_\_ odor \_\_\_\_\_ temp\* \_\_\_\_\_ noise  
\_\_\_\_\_ decoration \_\_\_\_\_ furniture \_\_\_\_\_ visitors/limitations\* \_\_\_\_\_ phone available  
\_\_\_\_\_ activities posted \_\_\_\_\_ activities held/attended \_\_\_\_\_ survey report available  
\_\_\_\_\_ resident/family council notices posted\* \_\_\_\_\_ Ombudsman poster posted\*  
Other: (specify) \_\_\_\_\_

VII. ADMINISTRATIVE

\_\_\_\_\_ admissions\* \_\_\_\_\_ discharges\* \_\_\_\_\_ closures\* \_\_\_\_\_ room changes\*  
\_\_\_\_\_ inadequate staffing\* \_\_\_\_\_ fees/charges\*  
Other: (specify) \_\_\_\_\_